

**MULTIPLE IDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO. 09 244799 FILING DATE
APPLICANT:

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51					
2		1					52					
3		2					53					
4		3					54					
5		4					55					
6		5					56					
7	/						57					
8		1					58					
9		2					59					
10		3					60					
11		4					61					
12		5					62					
13		6					63					
14		7					64					
15	/						65					
16		1	/				66					
17		2		/			67					
18		3		/			68					
19		4		/			69					
20		5		/			70					
21		6		/			71					
22		7	/				72					
23		8		/			73					
24		9		/			74					
25		10		/			75					
26		11		/			76					
27		12		/			77					
28		13		/			78					
29		14	/				79					
30		15		/			80					
31		16		/			81					
32		17		/			82					
33		18		/			83					
34		19		/			84					
35		20		/			85					
36		21		/			86					
37		22		/			87					
38		23		/			88					
39		24		/			89					
40		25		/			90					
41		26		/			91					
42		27		/			92					
43		28	/				93					
44		29		/			94					
45		30		/			95					
46		31		/			96					
47		32		/			97					
48		33		/			98					
49		34		/			99					
50		35		/			100					
TOTAL IND.	3		5				TOTAL IND.					
TOTAL DEP.	17		23				TOTAL DEP.					
TOTAL CLAIMS	20		28				TOTAL CLAIMS					